

CARRIAGE PLACE

2014 T-BALL

- AGES 4-6: AGE AS OF JULY 31, 2014
- CHILD CANNOT TURN 7 BEFORE AUGUST 1, 2014!

Check box your child will play in:

Tuesday Lg. _____ Thursday Lg. _____



THE CITY OF
COLUMBUS
MICHAEL B. COLEMAN, MAYOR

RECREATION AND PARKS
DEPARTMENT

CHILD'S

NAME _____ PHONE _____

ADDRESS _____

CITY _____ ZIP CODE _____

SCHOOL _____ GRADE _____

BIRTHDATE: MONTH _____ DAY _____ YEAR _____ AGE AS OF 7-31-14 _____

SPECIAL REQUESTS: _____

***WE CANNOT GUARANTEE THESE REQUESTS!**

SHIRT SIZE: YXS YS YM YL AS AM AL AXL
(PLEASE CIRLE)

THE ABOVE MENTIONED HAS MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES OFFERED BY THE COLUMBUS RECREATION & PARKS DEPT. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, I AGREE TO HOLD THE COLUMBUS RECREATION & PARKS DEPT., ITS OFFICERS, COACHES, VOLUNTEERS, AND SPONSORS FREE AND HARMLESS FROM INJURY OR DAMAGE TO PROPERTY SUSTAINED BY PARTICIPATION THAT RESULT FROM OPERATION OF THIS PROGRAM. FURTHERMORE, I AUTHORIZE THE COLUMBUS RECREATION & PARKS DEPT. OFFICERS, COACHES, AND VOLUNTEERS TO TAKE ALL NECESSARY STEPS TO INSURE MY CHILD'S HEALTH AND SAFETY IN CASE OF EMERGENCY. I ALSO UNDERSTAND THAT INJURIES ARE A NATURAL PART OF THE GAME AND MAY OCCUR UNDER NORMAL PLAYING CONDITIONS.

NAME(S) OF PARENT/GUARDIAN _____

****PLEASE PRINT CLEARLY AND LEGIBLY!**

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PARENTS, WE ARE LOOKING FOR A FEW
GOOD COACHES FOR THIS LEAGUE. IF YOU
ARE INTERESTED IN COACHING, PLEASE FILL
OUT THIS BOX! THANKS!

NAME _____

PHONE _____

REGISTRATION FEE: \$30 per night
CASH OR CHECK
PAYABLE TO: CARRIAGE PLACE CRC

RECEIPT #: _____

CHECK #: _____

DATE PAID _____